

MCMC

IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Denial Notification Letter

Date: 11/20/2004
Injured Employee:
MDR #: M2-05-0141-01
TWCC #
MCMC Certification #: 5294

Requested Service: Purchase of RS4I Sequential stimulator 4 channel combination interferential and muscle stimulator unit.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 11/20/2004 concerning the medical necessity of the above requested service is hereby Denied based on:

*Table of disputed services

*Concentra Integrated Services Utilization Review letters dated 07/26/2004 and 08/10/2004

*Flahive, Ogden and Latson attorney letter dated 10/18/2004

*TWCC work status report dated 10/01/2003 through 08/12/2004

*The Rehab Group update progress letter dated 10/01/2003 through 2/17/2004

*Northbrook Medical Center Lumbar spine myelogram report dated 02/03/2004

*Functional Capacity Evaluation dated 12/05/2003

*Metroplex Pain consultant report dated 11/04/2003 through 01/13/2004

*Dr. J designated doctor evaluation dated 01/30/2004

*Quest Health and Rehab of Waxahachie WC progress note dated 11/10/2003 and 11/21/2003

*Dr. P, D.C. progress office note dated 08/26/2003 through 11/06/2003

*Functional Capacity Evaluation dated 10/31/2003 and 12/5/03

*TWCC letter of request for designated doctor appointment dated 10/21/2003

*Physical Capacity lifting test dated 09/19/2003

*Ennis Regional Medical Center report of discharge dated 02/21/2003 and 01/08/2003

*Ennis Regional Medical Center report of operation dated 01/08/2003 through 02/21/2003

*Clinic notes dated 05/08/2002 through 03/15/2004

*The Rehab Group psychological evaluation dated 12/04/2002

*Dr. D medical exam dated 08/21/2002

*Concentra Medical Exams letter dated 07/22/2002 and 07/16/2002

*Waxahachie Surgery Pavilion Operative report dated 06/19/2002

- *Waxahachie Surgery Pavilion Discharge report dated 06/19/2002
- *Baylor Medical Center operative report dated 04/19/2002
- *Physiatric Medicine Associates report 04/18/2002
- *The Rehab Group letter to Dr. A dated 02/12/02
- *Consultation report from Dr. V dated 01/16/2002
- *Neurosurgical consultation report from Dr. M dated 01/04/2002
- *Northbrook Medical Clinic lumbar spine CT after Myelogram report dated 02/03/2004
- *A-Medical Nerve conduction study report dated 12/09/2003
- *Work Hardening/Work Conditioning daily note 11/17/2003 through 11/21/2003
- *RXS Medical letter to ____ dated 08/03/2004
- *RXS patient usage reports dated 04/20/04 through 7/2/04
- *Dr. Y follow up neurosurgical clinical visit dated 04/16/04 and 5/25/04

Denial is appropriate as there is a lack of documented clinical benefit to justify the continued use of this device in the care of this injured individual. Although the patient has chronic pain, the device was used in the postoperative time frame after spinal fusion performed for relief of his pain. The patient was sustained on 40 mg Oxycontin every 12 hours. It is difficult to assess objective benefit of the device under these circumstances.

Furthermore, there is inadequate evidence based literature to substantiate the claims of this device. The literature typically cited by the company is listed and discussed below. There are no other supportive papers. As the device is not generally supported by literature, each individual use must be evaluated by strict criteria that document increased function and/or decreased use of pain medication. Purchase of the device implies that there will be a long-term need for the device which must be clearly documented.

REFERENCES:

1. Glaser JA, Baltz MA, Nietert PJ, Bensen CV "Electrical muscle stimulation as an adjunct to exercise therapy in the treatment of nonacute low back pain: a randomized trial." J Pain 2001 Oct;2(5):295-300.
2. Eriksson MB, Sjolund BH, Nielzen S "Long term results of peripheral conditioning stimulation as an analgesic measure in chronic pain." Pain 1979 Jun;6(3): 335-47.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

The reviewing provider is a Board Certified Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

Your Right to Request A Hearing

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

27th day of November 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____